

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP

ADDRESS (number and street) ▼

2150 RIVER PLAZA DR. #150

☐ Check if different than previously reported. (ACC)

SACRAMENTO

CA

95833

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00514224

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Bauer

Signature of Treasurer

David Bauer

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	31574.04	
(c) Total Receipts (from Line 19)	140000.00	207150.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	171574.04	207150.00
7. Total Disbursements (from Line 31)	99396.45	134972.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	72177.59	72177.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	24525.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
10 01 2012

To:

M M / D D / Y Y Y Y Y
10 17 2012
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

140000.00

207000.00

(ii) Unitemized

0.00

150.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

140000.00

207150.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

140000.00

207150.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

140000.00

207150.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

140000.00

207150.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	16225.00	25320.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	16225.00	25320.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	83171.45	109651.51
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	99396.45	134972.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	99396.45	134972.41

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	140000.00	207150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	140000.00	207150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	16225.00	25320.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	16225.00	25320.90

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: F3XA
Transaction ID :

Summary pages Col B

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP

Full Name (Last, First, Middle Initial)

A. BUTTON TRANS, INC.

Mailing Address 8034 SCHROEDER RD.

City State Zip Code
DIXON CA 95620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 05 / 2012

Transaction ID : INCA57

Amount of Each Receipt this Period

15000.00

Full Name (Last, First, Middle Initial)

B. CHARLES MUNGER JR.

Mailing Address 1423 HAMILTON AVE.

City State Zip Code
PALO ALTO CA 94301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF

PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2012

Transaction ID : INCA63

Amount of Each Receipt this Period

110000.00

Full Name (Last, First, Middle Initial)

C. PASKENTA BAND OF NOMLAKI INDIA

Mailing Address 1012 SOUTH ST.

City State Zip Code
ORLAND CA 95963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INDIAN TRIBE

SOVEREIGN NATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2012

Transaction ID : INCA70

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP

Full Name (Last, First, Middle Initial)

A. TERRA ORGANICS, LLC

Mailing Address P. O. BOX 171

City State Zip Code
 MAXWELL CA 95955

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 17 2012

Transaction ID : INCA81

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

140000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP

Full Name (Last, First, Middle Initial)

A. DAVID BAUER

Mailing Address 2150 RIVER PLAZA DR. #150

City	State	Zip Code
SACRAMENTO	CA	95833

Purpose of Disbursement
ACCOUNTING SVC.

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2012

Transaction ID : EXPB59

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. SMITH JOHNSON RESEARCH

Mailing Address 2150 RIVER PLAZA DR. #150

City	State	Zip Code
SACRAMENTO	CA	95833

Purpose of Disbursement
POLLING

005

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2012

Transaction ID : EXPB64

Amount of Each Disbursement this Period

15925.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16225.00

16225.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 OF 15

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PUBLIC SQUARE PARTNERS

Nature of Debt (Purpose):

FUNDRAISING COMMISSION

Mailing Address P. O. BOX 1204

City State

Zip Code

WEST SACRAMENTO

CA

95605

Outstanding Balance Beginning This Period

5775.00

Transaction ID : PAYD54

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5775.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PUBLIC SQUARE PARTNERS

Nature of Debt (Purpose):

FUNDRAISING COMMISSION

Mailing Address P. O. BOX 1204

City State

Zip Code

WEST SACRAMENTO

CA

95605

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD80

Amount Incurred This Period

18750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18750.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

24525.00

2) **TOTALS** This Period (last page this line number only)..... ►

24525.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

24525.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00514224 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee DOMÉ PRINTING		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 340 COMMERCE CIR.		Amount 7758.00	
City SACRAMENTO	State CA	Zip Code 95815	
Purpose of Expenditure MASS MAIL	Category/ Type 24A	Transaction ID : EDTEALC4 Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN GARAMENDI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		83171.45	

Full Name (Last, First, Middle Initial) of Payee GATEWAY MEDIA		Date MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 2150 RIVER PLAZA DR. #150		Amount 11047.76	
City SACRAMENTO	State CA	Zip Code 95833	
Purpose of Expenditure MASS MAIL	Category/ Type 24A	Transaction ID : EDTEALC5 Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN GARAMENDI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		83171.45	

(a) SUBTOTAL of Itemized Independent Expenditures.....	18805.76
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Bauer

[Electronically Filed]

Date

MM / DD / YYYY
03 / 14 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00514224 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M M / D D D / Y Y Y Y Y Y </div>		

Full Name (Last, First, Middle Initial) of Payee DOMÉ PRINTING		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 340 COMMERCE CIR.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 10 / 10 / 2012 </div>	
City SACRAMENTO	State CA	Zip Code 95815	Transaction ID : EDTEALC8
Purpose of Expenditure MASS MAIL OPPOSING GARAMENDI CA03		Category/ Type 24A	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN GARAMENDI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 83171.45 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee GATEWAY MEDIA		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 2150 RIVER PLAZA DR. #150		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 10 / 10 / 2012 </div>	
City SACRAMENTO	State CA	Zip Code 95833	Transaction ID : PDTE3
Purpose of Expenditure MASS MAIL OPPOSING GARAMENDI CA03		Category/ Type 24A	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN GARAMENDI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 83171.45 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">18331.43</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Bauer

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00514224 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee GATEWAY MEDIA		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2150 RIVER PLAZA DR. #150		Amount 10647.43	
City SACRAMENTO	State CA	Zip Code 95833	
Purpose of Expenditure MASS MAIL OPPOSING GARAMENDI CA03	Category/ Type 24A	Transaction ID : PDTE4 Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN GARAMENDI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		83171.45	

Full Name (Last, First, Middle Initial) of Payee GATEWAY MEDIA		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2150 RIVER PLAZA DR. #150		Amount 10647.43	
City SACRAMENTO	State CA	Zip Code 95833	
Purpose of Expenditure MASS MAIL OPPOSING GARAMENDI CA03	Category/ Type 24A	Transaction ID : PDTE5 Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN GARAMENDI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		83171.45	

(a) SUBTOTAL of Itemized Independent Expenditures.....	21294.86
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Bauer

[Electronically Filed]

Date

MM / DD / YYYY
03 / 14 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00514224 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee MSI		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 2431 MERCANTILE DR. #A		Amount 7722.14	
City RANCHO CORDOVA	State CA	Zip Code 95742	
Purpose of Expenditure POSTAGE	Category/ Type 24A	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN GARAMENDI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		83171.45	

Transaction ID : EDTEALC7

Full Name (Last, First, Middle Initial) of Payee MSI		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 2431 MERCANTILE DR. #A		Amount 7222.26	
City RANCHO CORDOVA	State CA	Zip Code 95742	
Purpose of Expenditure POSTAGE	Category/ Type 24A	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN GARAMENDI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		83171.45	

Transaction ID : EDTEALC6

(a) SUBTOTAL of Itemized Independent Expenditures.....	14944.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Bauer

[Electronically Filed]

Date

MM / DD / YYYY
03 / 14 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00514224 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>		

Full Name (Last, First, Middle Initial) of Payee GATEWAY MEDIA		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 2150 RIVER PLAZA DR. #150		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 10 / 16 / 2012 </div>	
City SACRAMENTO	State CA	Zip Code 95833	Transaction ID : EDTEALC9
Purpose of Expenditure PHONEBANKS OPPOSING GARAMENDI CA03		Category/ Type 24A	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN GARAMENDI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 83171.45 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 10 / 16 / 2012 </div>	
City	State	Zip Code	Transaction ID : EDTEALC9
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 83171.45 </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9795.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 83171.45 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 83171.45 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Bauer

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature